

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/506613

FILING DATE

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
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TOTAL IND.	/	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	28	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	29						TOTAL CLAIMS						